

## **IMPORTANT INFORMATION**

### **PLEASE READ BEFORE ATTEMPTING TO COMPLETE APPLICATION**

**All applicants applying for a residential building license must submit the following items. Failure to provide the requested information will delay or prevent further processing of your file.**

#### **Sole Proprietorship/Individuals**

Original application completed in its entirety, signed by Applicant and notarized with all applicable fees in the form of a personal/company check, cashier's check, or bank money order.

Financial statement completed by an independent auditor (certified public accountant) and signed by the applicant and independent auditor (certified public accountant) and notarized. Statement must be on official form enclosed in the application packet.

Qualifying party application.

Proof by certificate of current general liability insurance in the amount of \$100,000 and worker's compensation insurance **in the same name in which you are applying for a residential building license**. This certificate must show effective/expiration dates and limits of coverage and the holder must be listed in the format as shown below:

State Licensing Board for Contractors  
P.O. Box 14419  
Baton Rouge, Louisiana 70898-4419

#### **Corporations**

Original application completed in its entirety, signed by either the President, Vice President, or Secretary-Treasurer and notarized with all applicable fees in the form of a personal/company check, cashier's check, or bank money order.

Financial statement on the corporation completed by an independent auditor (certified public accountant) and signed by either the President, Vice President, or Secretary-Treasurer and independent auditor (certified public accountant) and notarized. Statement must be on official form enclosed in the application packet.

Copy of certificate from the Office of the Louisiana Secretary of State which reflects that the corporation is in good standing.

Copy of articles of incorporation which were drawn up when the corporation was originally formed.

Qualifying party application.

Proof by certificate of current general liability insurance in the amount of \$100,000 and worker's compensation insurance **in the same name in which you are applying for a residential building license**. This certificate must show effective/expiration dates and limits of coverage and the holder must be listed in the format as shown below:

State Licensing Board for Contractors  
P.O. Box 14419  
Baton Rouge, Louisiana 70898-4419  
(Additional information on the back of this page)

# Partnerships

Original application completed in its entirety, signed by one of the partners, and notarized with all applicable fees in the form of a personal/company check, cashier's check, or bank money order.

Financial statement on the partnership completed by an independent auditor (certified public accountant) and signed by the applicant and independent auditor (certified public accountant) and notarized. Statement must be on official form enclosed in the application packet.

Copy of partnership agreement.

Qualifying party application.

Proof by certificate of current general liability insurance in the amount of \$100,000 and worker's compensation insurance **in the same name in which you are applying for a residential building license**. This certificate must show effective/expiration dates and limits of coverage and the holder must be listed in the format as shown below:

State Licensing Board for Contractors  
P.O. Box 14419  
Baton Rouge, Louisiana 70898-4419

# Limited Liability Company

Original application completed in its entirety, signed by one of the members and notarized with all applicable fees in the form of a personal/company check, cashier's check, or bank money order.

Financial statement on the limited liability company completed by an independent auditor (certified public accountant) and signed by a member and independent auditor (certified public accountant) and notarized.

Articles of Organization.

Certificate of Existence from the Office of the Louisiana Secretary of State which reflects that the limited liability company is registered to do business.

Qualifying party application.

Proof by certificate of current general liability insurance in the amount of \$100,000 and worker's compensation insurance **in the same name in which you are applying for a residential building license**. This certificate must show effective/expiration dates and limits of coverage and the holder must be listed in the format as shown below:

State Licensing Board for Contractors  
P.O. Box 14419  
Baton Rouge, Louisiana 70898-4419

# EXAMINATION INFORMATION

Due to extremely heavy examination scheduling loads, we ask that you read and comply with the following policy statements. Although we give new applicants priority in scheduling examinations and attempt to have your examination scheduled within 2-3 weeks after receipt of your application, failure to comply with the following could result in a delay in scheduling your examination and, of course, a subsequent delay in the issuance of your license.

1. Examinations will not be scheduled unless you submit your qualifying party application and required documentation; i.e., copies of canceled payroll checks for the previous 120 days (showing front and reverse of check) and a computer printout or some other form showing FICA payroll deductions at the time you submit your application.
2. Exams are administered three days a week (Tuesdays through Thursdays) at our offices located at 2525 Quail Drive, Baton Rouge. Reporting time for the examination is 8:30 a.m.
3. Upon receipt of the above, you will be sent an examination date, further information regarding the examinations and a study guide for the Business and Laws examination if applicable.
4. When you receive your examination scheduling notice, please review the test date. If this date is not acceptable to you, you must submit a **written** request to cancel or to reschedule. You may fax your request to (225) 765-2690.
5. If you fail to appear for the examination on the date assigned, you will be required to submit a **written** request to reschedule, pay a \$15 fee to reschedule, and pay a forfeit fee of \$100 before you will be assigned a new exam date. A delay in rescheduling should be expected.

It is the Board's policy that all examinations are set at the minimum level of job knowledge and expertise required to safely operate within the State of Louisiana. In most cases this minimum level equates to the standards expected of an entry level or beginning contractor.

As part of our commitment to update our examination program, we make every effort to provide you with a breakdown of the examination content and a list of appropriate study materials (where available). In the case of the Business and Law examination, a study guide will be sent to you **after** the completed application is received in our office. It is our belief that a few close readings of the business and law study guide should be sufficient preparation for the examination. The "trade" examination is based upon general working knowledge of the field in which you wish to be licensed.

If you are disabled and need special testing accommodations, please inform us in writing and describe the accommodations you need.

**The Board is not affiliated with any school or seminar program nor do we endorse the use of any school or seminar program. Sufficient preparation and study on your part should ensure success on our exams.**

[www.lslbc.louisiana.gov](http://www.lslbc.louisiana.gov)

2525 Quail Drive  
Baton Rouge, LA 70808  
Phone: (225) 765-2301

A check or bank money order in the amount of \$\_\_\_\_\_ must be submitted with this application for processing. There will be no refund of the application fee.

This license is required to build a fixed building or structure for sale which is not more than three floors in height to be used by another as a residence where the cost is \$50,000 or more. This includes a single family duplex, a single family triplex, and a single family fourplex.

PRINT NAME IN WHICH YOU WILL CONDUCT RESIDENTIAL CONTRACTING. WE CANNOT PROCESS AN APPLICATION SUBMITTED USING A d/b/a OR A TRADE NAME. UPON LICENSING, YOU MUST BID, CONTRACT, AND PERFORM WORK IN THE NAME WHICH WILL APPEAR ON YOUR LICENSE CERTIFICATE.

☐ Individual      ☐ Partnership      ☐ Corporation  
☐ Limited Liability Company

CITY	STATE	ZIP CODE
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CITY	STATE	ZIP CODE
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**BUSINESS TELEPHONE** (    ) \_\_\_\_\_ **Home Telephone** (    ) \_\_\_\_\_  
                                **AREA CODE**   **AREA CODE**

**EMAIL ADDRESS**\_\_\_\_\_

WEBSITE ADDRESS \_\_\_\_\_

**It shall be the responsibility of the licensee to notify the Louisiana State Licensing Board for Contractors of any change in address of himself or any entities (businesses) under which home building is practiced within 15 days of such change.**

The signatory of this application guarantees the truth and accuracy of all statements and of all answers to the interrogatories hereinafter made.

As used on this Application, the terms “you” and “your” shall mean the applicant herein, whether an individual or an association, corporation, partnership, firm, joint venture, limited liability company or any other business or legal entity with which the applicant is or has been affiliated which is or was engaged in the practice of construction. Where appropriate, the terms “you” and “yours” shall also include any partners, owners, or qualifying parties who are affiliated with the applicant.

YES NO

☐ ☐ 1A. Are/Have “you” (as defined) currently/previously been licensed as a contractor in Louisiana?

Name of Principal	Name of Individual/Firm	License No.
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☐ ☐ 1B. Are/Have “you” (as defined) currently/previously been licensed as a contractor in Louisiana?

Name of Principal	Name of Individual/Firm	State	License No. in that State
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☐ ☐ 1C. Have “you” (as defined) ever passed an examination given by the Louisiana State Licensing Board for Contractors? Please indicate by whom the individual was employed at the time the test was taken.

Name of Examinee(s)	Yr. Test Taken	Name of Firm	Classification(s)
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☐ ☐ 1D. Have “you” (as defined) ever had a residential contractor’s license denied, suspended or revoked by this or any other state, parish/county, or municipality? If yes, name person(s) or entity, regulatory agency, month and year, and explain circumstances.

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☐ ☐ 1E. Have “you” (as defined) ever had a commercial contractor’s license denied, suspended or revoked by this or any other state, parish/county, or municipality? If yes, name person(s) or entity, regulatory agency, month and year, and explain circumstances.

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☐ ☐ 2. Has any bonding or surety company ever completed or made financial settlements upon any contract in which “you” (as defined) were interested? If yes, explain on separate sheet.

☐ ☐ 3. Have “you” (as defined) ever failed in business or to complete a contract? If yes, explain on separate sheet.

☐ ☐ 4. Have you\* or principals of your firm ever been adjudicated or bankrupt under individual or any firm name whatsoever, in the State of Louisiana, or any other state, or made any assignment either voluntary or otherwise, for the benefit of, or in fraud of creditors? If yes, explain on separate sheet.

☐ ☐ 5. Are there now any liens, suits, judgements, garnishments or attachments pending or recorded against you\* or principals of your firm or against any firm in which you or principals were interested at the time such indebtedness was created, or against any property involved under any of your contracts arising out of your, or principal’s, previous operations either in this state or elsewhere? (For the purpose of this question, an obligation is not satisfied by a discharge of bankruptcy or the expiration of the Statute of Limitations.) If yes, please explain on separate sheet.

☐ ☐ 6. Have you\* or principals in your firm been convicted of a felony or a misdemeanor other than violation of traffic laws? If yes, explain on separate sheet.

☐ ☐ 7. Are you\* involved as a defendant in pending legal actions?

☐ ☐ 8. How many years have “you” (as defined) been in business under the present name?

☐ 0 years    ☐ 1-5 years    ☐ 6-10 years    ☐ over 10 years

# LOUISIANA RESIDENTIAL CONTRACTOR'S UNIFORM FINANCIAL STATEMENT

## IMPORTANT – READ CAREFULLY

It is mandatory that your financial statement be submitted accurately and in accordance with the provisions of R.S. 37:2156.1(c). (Refer to top of page three). **THIS FORM MUST BE USED.** Information must be inclusive within the last twelve (12) months and **MUST BE SIGNED BY THE APPLICANT AND INDEPENDENT AUDITOR (CPA) AND NOTARIZED.** The Board will accept an audit, review, or compilation report in lieu of signature by the independent auditor. The independent auditor (certified public accountant) **cannot** be associated with the applicant in any way.

NAME OF FIRM OR INDIVIDUAL SOLE PROPRIETOR \_\_\_\_\_

BUSINESS ADDRESS OF FIRM OR INDIVIDUAL SOLE PROPRIETOR \_\_\_\_\_

**STATEMENT AS OF \_\_\_\_\_, 20 \_\_\_\_.**

1-Cash _____			11-Accounts Payable _____		
(a) In bank \$ _____			(a) Not Past Due _____		
(b) Elsewhere _____			(b) Past Due _____		
(explain) _____			12-Owing Subcontractors _____		
2-Accounts Receivable _____			13-Notes Payable Exclusive of _____		
Completed Contracts _____			Equipment Obligations _____		
3-Earned Estimates and Retainage- _____			14-Federal and State Income Taxes _____		
Uncompleted Contracts _____			Payroll Taxes (including F.I.C.A., _____		
(not yet received) _____			S.I.U. and Income Taxes _____		
4-Work in Progress - Unbilled _____			withheld) _____		
			Accrued Payroll & Expenses _____		
5-Notes Receivable _____			Other Current Liabilities _____		
6-Other Accounts Receivable _____			(Explain) _____		
7-Stocks and Bonds _____			_____		
8-Materials in Stock _____			_____		
Not included in any items above _____			_____		
(Present Value) _____			_____		
(a) Available for contracts _____			<b>Total Current Liabilities</b>		
under way \$ _____					
(b) Other Materials \$ _____			15-Encumbrances on Equipment _____		
Other Current Assets _____			16-Encumbrances on Real Estate _____		
(Explain) _____			17-Billings in excess of costs on _____		
_____			Uncompleted Contracts _____		
_____			Other Liabilities (Explain) _____		
_____					
_____			Due to Stockholders _____		
_____			<b>TOTAL LONG TERM LIABILITIES</b>		
_____					
<b>Total Current Assets</b> _____			Capital (Corporation): _____		
			Capital Stock _____		
9-Equipment at Net Book Value _____			Paid-in Surplus _____		
10-Real Estate _____			Retained Earnings _____		
Furniture and Fixtures at Net _____			<b>TOTAL CAPITAL</b> _____		
Book Value _____			<b>NET WORTH</b> (Individual or Partnership) _____		
<b>TOTAL ASSETS</b> _____			<b>TOTAL LIABILITIES AND CAPITAL</b>		
			<b>OR NET WORTH</b> _____		

The undersigned applicant and independent auditor declare to the best of their knowledge that the information provided in this financial statement of assets, liabilities, and other information is true, correct, and complete under penalties of perjury.

(Signature of applicant)

(Signature of notary public)

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Signature of Independent Auditor (CPA)

---

Print name of Independent Auditor (CPA)

---

Print address of Independent Auditor (CPA)

---

Phone Number of Independent Auditor (CPA)

Independent Auditor (CPA) affiliation with applicant

**PLEASE DO NOT USE NOTARY SEAL BELOW THIS PERFORATED LINE**

# APPLICATION FOR QUALIFYING PARTY

This form must be completed by the person who has been designated as the qualifying party for the company. **Each person** to be listed as qualifying party must complete this form and provide all required documentation and fees.

**All questions must be answered.** If the space provided is not sufficient, use separate sheet(s) and attach. Additional forms will be provided upon request. However, if more than one qualifying party application is needed, a photocopy of **this form only** is acceptable for submission. All information must be printed in ink or typewritten.

QUALIFYING PARTY MUST MEET ONE OF THE FOLLOWING:

- ☐ **SOLE PROPRIETOR (INDIVIDUAL)**
- ☐ **SPOUSE OF SOLE PROPRIETOR (INDIVIDUAL)**  
Provide a copy of your marriage license.
- ☐ **PARTNER**  
Provide a copy of the partnership agreement in which you are listed as a partner.
- ☐ **ORIGINAL MEMBER OF LLC**  
Provide a copy of the original Articles of Organization and Initial Report. If these documents do not identify the **members** (not managers), you must also submit a copy of the Operating Agreement which identifies the members.
- ☐ **ORIGINAL INCORPORATOR OR ORIGINAL STOCKHOLDER IN THE ORIGINAL ARTICLES OF INCORPORATION.**  
Provide a copy of the original Articles of Incorporation in which your name is listed as one of the original incorporators or provide a copy of the original stock certificate that was issued to you when the company was first formed.
- ☐ **EMPLOYEE:** Date of Employment \_\_\_\_\_  
YOU MUST BE A **FULL-TIME** EMPLOYEE  
PROVIDE PAYROLL FOR THE FOUR (4) MONTHS **PRIOR TO THIS APPLICATION**  
YEAR -TO-DATE, QUARTERLY AND CUMULATIVE INFORMATION IS NOT ACCEPTABLE  
**Employment verification must be provided as noted below:**  
**DIRECT DEPOSIT:** Provide a letter from an officer of your company stating that you are a full-time employee and that you receive payroll by direct deposit. You **MUST** also provide a register that shows **GROSS WAGES, FICA PAYROLL DEDUCTIONS FOR EACH PAYROLL PERIOD** and an **ADVICE ADMIT FORM** or computer printout that verifies the direct deposit transmittal information.  
**COMPANY CHECK:** You must provide copies of canceled payroll checks (front and back) and a register that shows **GROSS WAGES AND FICA PAYROLL DEDUCTIONS FOR EACH PAYROLL PERIOD.** (If your bank returns only small images of the canceled payroll checks, you must provide copies of the images that are returned by the bank.)

FULL LEGAL NAME OF  
QUALIFIER \_\_\_\_\_  
(First) (Middle) (Last) (Jr., Sr., etc.)

NAME OF COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Street or P.O. Box) (City) (State) (Zip)  
(All scheduling letters and materials will be sent to this address.)

(\_\_\_\_\_) (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
Work Number Cellular or Home Number Fax Number

Email Address of Qualifying Party \_\_\_\_\_



A. Have you ever taken an examination with the Louisiana Contractors’ Board?

Name of Firm	Year Test Taken	Classification(s)

B. Is this firm a parent of subsidiary company of a currently licensed Louisiana contractor?

\_\_\_\_\_Yes\_\_\_\_\_No

If Yes, give the name, address and Louisiana contractor’s license number.

Firm	Address	License Number

C. List the names of **other** companies you have been affiliated with or employed by within the past five (5) years who previously held or currently hold a Louisiana contractor’s license.

Firm	Address	License Number

D. Have you been involved in sanctions levied against the companies or been disqualified or debarred by any public entity? \_\_\_\_\_No \_\_\_\_\_Yes (Explain below\*)

E. Has any firm for which you were the qualifying party received any type of disciplinary action by the Louisiana State Licensing Board for Contractors or any other state contractor licensing agency? \_\_\_\_\_No \_\_\_\_\_Yes (Explain below\*)

F. Has any firm for which you were the qualifying party been disqualified or debarred by any public entity? \_\_\_\_\_No \_\_\_\_\_Yes (Explain below\*)

\*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT**

I certify under penalty of perjury under the laws of the State of Louisiana that all statements, answers and representations on this form are true and accurate and acknowledge that any purposeful false information submitted on behalf of myself and verified by this signature is cause to have license denied or revoked by the Louisiana State Licensing Board for Contractors.

**THIS FORM MUST BE SIGNED AND DATED BY THE QUALIFYING PARTY AND A NOTARY PUBLIC.**

\_\_\_\_\_  
Qualifying Party’s Social Security Number

\_\_\_\_\_  
Signature of Qualifying Party

Sworn before me this \_\_\_\_\_day of \_\_\_\_\_, 200\_\_

(Notary Seal)

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print Name and Address of Notary Public

**DO NOT WRITE IN THIS SPACE – OFFICIAL USE ONLY**

Date Accepted\_\_\_\_\_ Q.P. # \_\_\_\_\_

Person Making Entry \_\_\_\_\_

Eligibility Status\_\_\_\_\_

\_\_\_\_\_

**REFERENCES:** (Please show complete mailing address, zip codes, and contact persons)

**BANK:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

Contact Person: \_\_\_\_\_

**MATERIAL SUPPLY DEALER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

**MATERIAL SUPPLY DEALER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

\_\_\_\_\_

The undersigned hereby gives written authorization for \_\_\_\_\_  
(Name of Bank)

to furnish information concerning my account number \_\_\_\_\_ to the  
**STATE LICENSING BOARD FOR CONTRACTORS.**

\_\_\_\_\_  
(Signature of Applicant) (Date)

Firm Name \_\_\_\_\_  
(Individual, Partnership, Corporation, LLC, Other)



9. IF “YOU” ARE APPLYING AS AN INDIVIDUAL: PLEASE PRINT

Full LEGAL Name of Sole Proprietor\_\_\_\_\_

Social Sercurity No.\_\_\_\_\_

SKIP TO QUESTION 12.

10. IF “YOU” ARE APPLYING AS A LIMITED LIABILITY COMPANY: answer the below listed questions. PLEASE PRINT

Full LEGAL Name of Each **Member** (not Manager) Social Security Number of each Member

_____	_____
_____	_____
_____	_____

SKIP TO QUESTION 12.

11. IF “YOU” ARE APPLYING AS A CORPORATION: PLEASE PRINT

Full LEGAL Name of Each Officer Social Sercurity Number of each Officer

President _____	_____
Vice-President _____	_____
Treasurer _____	_____
Registered Agent _____	_____

SKIP TO QUESTION 12.

12. IF “YOU” ARE APPLYING AS A PARTNERSHIP: PLEASE PRINT

Full LEGAL Name of Each Partner (General and Limited) Social Security Number of each Partner

_____	_____
_____	_____
_____	_____

B. Is the partnership general or limited?\_\_\_\_\_

13. Are “you” (as defined) affiliated with any other business entities engaged in the practice of construction? If yes, give name(s) and address(es) of organization, type of affiliation, and license numbers, if any.

_____
_____
_____

**AFFIDAVIT**

I certify under penalty of perjury under the laws of the State of Louisiana that all statements, answers and representations in this application, including all supplementary statements attached thereto, are true and accurate to the best of my knowledge and belief and acknowledge that any purposeful false information submitted on behalf of myself and/or this applicant and verified by this signature is cause to have license denied or revoked by the State Licensing Board for Contractors.

All signatures, whether of individuals, partners, members or officers must be sworn to and notarized in space provided below:

**If Individual Sign Here:**

\_\_\_\_\_  
Individual

**If Partnership or Limited Liability Company Sign Here:**

\_\_\_\_\_  
Name of Firm

Signature of Partner/Member \_\_\_\_\_ Signature of Partner/Member \_\_\_\_\_

Signature of Partner/Member \_\_\_\_\_ Signature of Partner/Member \_\_\_\_\_

**If Corporation Sign Here:**

\_\_\_\_\_  
Name of Corporation

Signature of President \_\_\_\_\_ Signature of Vice President \_\_\_\_\_

Signature of Treasurer \_\_\_\_\_ Signature of Registered Agent \_\_\_\_\_

State of \_\_\_\_\_ Parish or County of: \_\_\_\_\_

Personally appears \_\_\_\_\_ being duly sworn, deposes and saith:  
That the foregoing statements of experience of the above-named applicant and all statements therein contained are true and correct and the answers of the foregoing are true to the best of my knowledge under penalties of perjury.

\_\_\_\_\_  
Signature of Applicant/Authorized Representative

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print Name and Address of Notary Public

THIS FORM MUST BE USED FOR WORK EXPERIENCE (NO ATTACHMENTS)

14. GIVE A LISTING OF PROJECTS, RESIDENTIAL REMODELING OR NEW CONSTRUCTION OF THE INDIVIDUAL OR FIRM APPLYING FOR LICENSURE.				OFFICIAL USE ONLY
FOR WHOM PERFORMED		JOB LOCATION (Street, City, State)	DESCRIPTION OF WORK PERFORMED	CONTRACT AMOUNT
1. Name				
Address				
Zip Code				
Contact Person				
2. Name				
Address				
Zip Code				
Contact Person				
3. Name				
Address				
Zip Code				
Contact Person				
4. Name				
Address				
Zip Code				
Contact Person				
5. Name				
Address				
Zip Code				
Contact Person				

WORK EXPERIENCE (Continued)

15. If new business or no experience by this firm, list previous experience of principal officers, partners, or individuals.					
NAME	FOR WHOM EMPLOYED (Name and Address)	IN WHAT CAPACITY	NUMBER OF YEARS		
1.					
2.					
3.					
4.					